

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> <i>Please read instructions on next page.</i>						COURT USE ONLY DUE DATE:					
1a. CONTACT PERSON FOR THIS ORDER Susanne Woods				2a. CONTACT PHONE NUMBER (310) 788-1508				3. CONTACT EMAIL ADDRESS swoods@mwe.com							
1b. ATTORNEY NAME (if different) William P. Donovan, Jr.				2b. ATTORNEY PHONE NUMBER (310) 277-4730				3. ATTORNEY EMAIL ADDRESS wdonovan@mwe.com							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) McDermott Will & Emery LLP 2049 Century Park East, Suite 3200 Los Angeles, CA 90067				5. CASE NAME In Re Stubhub Refund Litigation						6. CASE NUMBER 4:20-md-02951-HSG					
				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
07/13/23	HSG	CMC		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).										12. DATE 07/14/2023					
11. SIGNATURE /s/ William P. Donovan, Jr.															